**Inside Research – Reducing the harm caused by smoking and alcohol: how applied health research is investigating interventions to improve public health, 28 September 2022**

In the breakout sessions of this Inside Research seminar each group was invited to explore the following questions:

Q1: Do you have any ideas for practical actions to ensure no smoker gets left behind as the country goes smokefree?

Q2: How can we work together to reduce health inequalities, especially in relation to behaviours that are often stigmatised, such as harmful drinking and smoking?

Q3: What are your thoughts on using apps and electronic interventions to help reduce harmful drinking (and possibly other behaviours that impact on health)?

**Inside Research - Breakout rooms summary of discussions**

**Q1: Do you have any ideas for practical actions to ensure no smoker gets left behind as the country goes smokefree?**

* More professionals who can provide targeted advice to specific needs are needed on the ground
* Smoking and drinking are closely related to culture. Greater dissemination of information is needed. For example, in the media drinking is glamorised. Warning signs should be added to bottles similar to how it is done on cigarette packs.
* Stop smoking services could be placed not just in pharmacies and hospitals, but also in communities/common places that are more relaxed. For housebound people, outreach services in the home are needed.
* Education should start in early school. Pupils in turns would educate their parents.
* One of the important things to convey is that it is possible to quit using support even if you are heavily dependent. Focusing on the positive stories.
* Law and policies make a huge difference and there has been a huge culture change over the last 30 years where we now have no smoking in public buildings. Focus on harmful effects.
* Some people have become disengaged from organisations and services during the pandemic; those who are struggling most may be at greater risk of being left behind. Primary Care Networks are not always connecting enough with community champions who can encourage and support people to stop smoking.
* High quality services with community-based workers may make a difference.
* In addition, though the voluntary sector has itself faced funding problems in recent years, voluntary and community organisations can assist NHS efforts by helping people to keep up healthy behaviours (Mosaic Clubhouse is an impressive example).
* While there were fears before introducing smoke-free hospitals that this would make people’s mood worse, in practice this did not happen, rather the opposite. However it is useful to be sensitive to the difficulties people may face just after they stop smoking, and the impact this may have on their families and loved ones, and provide appropriate support.
* There is a lack of awareness that the country is going smoke-free. There should be a warning to cigarette packets that the country will be smoke free. Another option would be to make shops have a tobacco licence
* Make sure that people who are still smoking are not being made to feel like pariahs – offer support rather than criticism
* Carrying out a survey on smoking would mean you would get consensus of the general public
* It would be helpful if there was no cap on how many times you can come back to the smoking cessation service – there needs to be an open door, so people can come back. Important that there are multiple offers and people won’t give up on helping you

**Q2: How can we work together to reduce health inequalities, especially in relation to behaviours that are often stigmatised, such as harmful drinking and smoking?**

* Start to educate at very early age in primary schools
* Normalise the use of therapy and services
* More education is needed to remove stigma, including in healthcare. Addiction is a mental health issue
* There is a concern that initiatives and interventions are only to help people who are heavily dependent - need to ensure that they are not stigmatised.
* Need to do a survey so people can give their point of view and give people evidence-based information.
* It can feel like you’re being shunned from society. It does not help to be told negative things
* Smoking and alcohol are interlinked
* Despite deprivation and poverty – people still find money to smoke. You feel so anxious you need to smoke.
* Smoking is more frowned upon than drinking alcohol in the UK. There has been more change in UK than Europe regarding people’s attitudes toward smoking
* It’s seen as less cool to smoke cigarettes nowadays. There are less media, movies and adverts teaching us that it’s cool to smoke.
* There can be shame around asking for help and getting treatment, which needs to be supported.
* The economic cost of smoking and alcohol can be a deterrent.
* Peers have a strong influence and can either encourage or discourage harmful drinking and smoking.
* Littering of cigarette butts on the pavements is becoming less normalised
* People are considering the environmental impact of vapes. The plastic and batteries in some types of vapes are not bio-degradable. So they are considering the rechargeable/reusable vapes
* It may be useful to share learning about what has worked well for people with other health conditions: some of the issues which arise may be similar.
* Attention should be paid to communities which tend to receive less support than others, e.g. taking account of rural/urban differences, the situation of people with communication or learning difficulties etc.
* Community and peer support can be valuable.
* Intensive support may be needed in areas with high deprivation, affecting health; Patient Participation Group and other networks may have a role.
* If stigma may be faced, support may need to be discreet.
* Culturally appropriate and accessible services are needed.

**Q3: What are your thoughts on using apps and electronic interventions to help reduce harmful drinking (and possibly other behaviours that impact on health)?**

* The more options are out there, the better. Apps are useful because they are discreet
* Tags can be associated with criminal justice and have some stigma attached to them, so these should always be voluntary
* Apps should not be a substitute for personal contact, but used in conjunction with consultations in person
* Apps could be in addition to CBT (Cognitive Behavioural Therapy) when people can be responsible for tracking
* Digital exclusion – not everyone is equally able to access.
* Some of the devices do look like tags and people will notice it after a while.
* Useful for people who choose not to know about how much they are drinking.
* Would be helpful if it was more of a Fitbit and gave more information about your health, such as caffeine levels
* Can be expensive.
* While such devices and interventions may have a role, people are less likely to use these unless they are already seeking help. They cannot be a standalone solution: users may already have undergone treatment such as detox and should be interested and motivated.
* People may find it useful, for instance, to complete a drink diary on their phone; but those who are socially excluded are more likely to be digitally excluded, though this is partly age-related and may be changing.
* It is important not to rely entirely on technological solutions – and to recognise that achieving change can be a slow process